

L10 0000 79589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

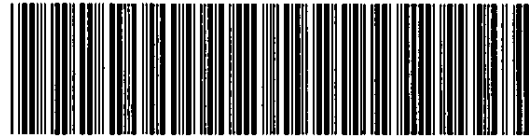
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700261234747

06/13/14--01005--010 \*\*25.00

16 JUN 13 PM 2:20  
FILING OFFICE  
1000A

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Five Star Property Maintenance, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott D. Widerman, Esq.

Name of Person

Zies Widerman & Malek

Firm/Company

1990 W. New Haven Ave., Ste. 201

Address

Melbourne, FL 32904

City/State and Zip Code

Scott@LegalTeamUSA.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott D. Widerman

Name of Person

at ( 321 ) 255-2332

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Five Star Property Maintenance, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/12/2010 and assigned  
Florida document number L10000039589.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

550 Harwood Ave.

**(Principal office address MUST BE A STREET ADDRESS)**

Satellite Beach, FL 32937

Enter new mailing address, if applicable:

P.O. Box 34076

**(Mailing address MAY BE A POST OFFICE BOX)**

Indialantic, FL 32903-4076

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Scott D. Widerman, Esquire

New Registered Office Address:

1990 W. New Haven Ave., Suite 201

*Enter Florida street address*

Melbourne

*City*

, Florida 32904

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*(Signature)*  
**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

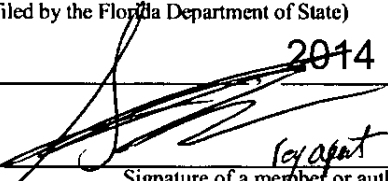
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 10 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Scott Wideman  
\_\_\_\_\_  
Typed or printed name of signee

RECEIVED  
JUN 13 2014  
CLERK OF COURT  
JUL 1 2014